

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-004588

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 190

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton, Mo.</b>		c. CITY OR TOWN <b>Crystal City</b>	
Length of stay in 1b <b>DOA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>421 Country, Road</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Richard Glenn Mills</b>		4. DATE OF DEATH Month <b>January</b> Day <b>16</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>7/3/1936</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman Manufacturing Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>West Salem, Illinois.</b>	
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Elhanan Mills</b>		13b. MOTHER'S MAIDEN NAME <b>Gladys Butts</b>	
14. NAME OF HUSBAND OR WIFE <b>Barbara</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. Nil.</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Dee Rodd, Marion, Illinois.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple internal injuries.</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>2 car collision (driver)</b>	
20c. TIME OF INJURY Hour <b>7:15</b> Minute <b>XX</b> Month, Day, Year <b>1/16/63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>DOA at County Hosp.</b> at <b>8:04 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Gaymond L. Hand</b> Coroner		22b. ADDRESS <b>Clayton, Missouri</b>	
22c. DATE SIGNED <b>1/28/63</b>			
23a. BURIAL CREATION, REMOVAL (Specify)	23b. DATE <b>1-19-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maplewood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Marion, Illinois.</b>
24. FUNERAL DIRECTOR <b>Wilson Funeral Home, Marion, Illinois.</b>	25. DATE RECD. BY LOCAL REG. <b>1-18-63</b>	26. REGISTRAR'S SIGNATURE <b>J. B. Murphy M.D.</b>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Elton R. Remelux*

Licensed Embalmer No.

*4283*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.